

TEST # 10

FORMS INCLUDED: 1040, IDAHO FOR M 43, 39NR, 49E,56, and Sc F

First , initial and last name	MARIA PHROZINTOWES
Social security number:	400-00-5910
Spouses first, initial and last name:	JOSE PHROZINTOWES
Spouse's Social security number:	400-00-5954
Home address:	1832 North Pole Ln
City, state and zip:	CALDWELL ID 83607
Do you want \$1 to go to Presidential Campaign:	NO
Spouse:	NO
Filing status:	MARRIED FILING JOINT
Number of boxes checked on 6a:	1
Number of boxes checked on 6b:	1
Total number of exemptions:	2
Line 13 Capital gain or loss	-3000
Line 18 Farm income:	-50000
Line 37 Adjusted income:	-53000

IDAHO TAX DUE: 20

Taxpayer Occupations: Farmer

AMENDED RETURN, check the box.
See instructions, page 12 for the reasons
for amending and enter the number.

☐

A

R

F

W

M

For calendar year 2005, or fiscal year beginning _____, ending _____

PLEASE PRINT OR TYPE	Your first name and initial	Last name	Your Social Security Number (required)
	Spouse's first name and initial	Last name	Spouse's Social Security Number (required)
	Mailing address		<input type="checkbox"/> Taxpayer deceased in 2005
	City, State and Zip Code		<input type="checkbox"/> Spouse deceased in 2005

If you or your spouse are nonresident aliens for federal purposes, check here. ☐

Do you need tax forms mailed to you next year? ☐ Yes ☐ No

Residency status

Check one for yourself and one for your spouse if a joint return.

1. Yourself

2. Spouse

Resident

1. ☐

2. ☐

Idaho Resident on Active Military Duty

2. ☐

3. ☐

Nonresident

3. ☐

4. ☐

Part-Year Resident

4. ☐

5. ☐

Military Nonresident

5. ☐

Full months in Idaho this year ☐ Yourself ☐ Spouse

Indicate current state of residence. ☐ Yourself ☐ Spouse

<div>Filing status</div> <div>If filing married joint or separate return, enter spouse's name and social security number above.</div> <div><div>1. <input type="checkbox"/> Single</div><div>2. <input type="checkbox"/> Married filing joint return</div><div>3. <input type="checkbox"/> Married filing separate return</div><div>4. <input type="checkbox"/> Head of household</div><div>5. <input type="checkbox"/> Qualifying widow(er)</div></div>	<div>6. Exemptions</div> <div>Enter the same number claimed on federal return.</div> <div><div>a. <input type="checkbox"/> Yourself</div><div>b. <input type="checkbox"/> Spouse</div><div>c. <input type="checkbox"/> Other dependents</div><div>d. <input type="checkbox"/> Total exemptions</div></div> <div>If parents, or someone else, can claim you (or your spouse) as dependents, enter "0."</div>	<div>Election campaign fund</div> <div>I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return).</div> <div><div>7. Yourself</div><div>8. Spouse</div><div>7. Yourself</div><div>8. Spouse</div></div> <div><div>Constitution</div><div>Democratic</div><div>Libertarian</div><div>Natural Law</div></div> <div><div>Republican</div><div>No Specific</div><div>None</div></div>
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ATTACH PAYMENT HERE	IDAHO INCOME. See instructions, page 12.	Idaho Amounts	
	<div><div>9. Wages, salaries, tips, etc. Attach Form(s) W-2.</div><div>10. Taxable interest income</div><div>11. Dividend income</div><div>12. Alimony received</div><div>13. Business income or (loss). Attach federal Schedule C or C-EZ.</div><div>14. Capital gain or (loss). If required, attach federal Schedule D.</div><div>15. Other gains or (losses). Attach federal Form 4797.</div><div>16. IRA distributions (taxable amount)</div><div>17. Pensions and annuities (taxable amount)</div><div>18. Rents, royalties, partnerships, S corporations, trusts, etc. Attach federal Schedule E.</div><div>19. Farm income or (loss). Attach federal Schedule F.</div><div>20. Unemployment compensation</div><div>21. Other income. Attach explanation.</div><div>22. TOTAL INCOME. Add lines 9 through 21.</div></div>	<div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div>	<div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div>
ATTACH STATE W-2 COPIES HERE	IDAHO ADJUSTMENTS. See instructions, page 13.		
	<div><div>23. Deductions for IRAs and health savings account</div><div>24. Moving expenses. Attach federal Form 3903.</div><div>25. Deductions for self-employment tax, health insurance, and qualified retirement plans</div><div>26. Penalty on early withdrawal of savings</div><div>27. Other deductions. See instructions.</div><div>28. TOTAL ADJUSTMENTS. Add lines 23 through 27.</div><div>29. ADJUSTED GROSS INCOME. Subtract line 28 from line 22.</div></div>	<div>23</div> <div>24</div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div>	<div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div> <div>00</div>

☐ Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete.

SIGN HERE	Your signature	Date	Paid preparer's signature	Preparer's EIN, SSN, or PTIN
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone	Address and phone number	

TC4301-2 7-18-05_v9

		Column A - Total		Column B - Idaho	
ADJUSTMENTS See page 14	30. Enter amount from federal Form 1040, line 36, 1040A, line 21, or 1040EZ, line 4 in Column A. Enter amount from line 29 in Column B.	30	00		00
	31. Additions from Form 39NR, Part A, line 5. Attach Form 39NR.	31	00		00
	32. Income after additions. Add lines 30 and 31.	32	00		00
	33. Subtractions from Form 39NR, Part B, line 26. Attach Form 39NR.	33	00		00
	34. TOTAL ADJUSTED INCOME. Subtract line 33 from line 32.	34	00		00
35. a. Check if age 65 or older <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse b. Check if blind <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse c. If your parent or someone else can claim you as a dependent, check here and enter zero on lines 40 and 61. <input type="checkbox"/>					
Standard Deduction For Most People Single or Married filing Separately: \$5,000 Head of Household: \$7,300 Married filing Jointly or Qualifying Widow(er): \$10,000	36. Itemized deductions. Attach federal Schedule A. Federal limits apply.	36			00
	37. All state and local income or general sales taxes included on federal Schedule A, line 5.	37			00
	38. Subtract line 37 from line 36.	38			00
	39. Standard deduction. See instructions, page 15, if you checked any boxes on line 35.	39			00
	40. Multiply \$3,200 by the number of exemptions claimed on line 6d. Federal limits apply.	40			00
	41. Add line 40 and the LARGER of line 38 or line 39.	41			00
	42. Idaho percentage. Divide line 34, Column B, by line 34, Column A.	42			%
	43. Multiply amount on line 41 by the percentage on line 42 and enter the result here.	43			00
	44. Idaho taxable income. Subtract line 43 from line 34, Column B.	44			00
	45. TAX from tables or rate schedule. See instructions, page 34.	45			00
	46. Income tax paid to other states. Attach Form 39NR and other state return.	46			00
	47. Credit for contributions to Idaho educational entities.	47			00
	48. Credit for contributions to Idaho youth and rehabilitation facilities.	48			00
	49. Total business income tax credits from Form 44, Part I, line 14. Attach Form 44.	49			00
	50. Line 45 minus lines 46 through 49. If less than zero, enter zero.	50			00
OTHER TAXES See page 16	51. Fuels tax due. Attach Form 75.	51			00
	52. Sales/Use tax due on mail order, Internet, and other nontaxed purchases.	52			00
	53. Total tax from recapture of income tax credits from Form 44, Part II, line 10. Attach Form 44.	53			00
	54. Tax from recapture of qualified investment exemption (QIE). Attach Form 49ER.	54			00
	55. Permanent building fund. Check the box if you are receiving Idaho public assistance payments. <input type="checkbox"/>	55		10	00
	56. TOTAL TAX. Add lines 50 through 55.	56			00
DONATIONS See page 16	57. I wish to donate to the Nongame Wildlife Conservation Fund.	57			00
	58. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.	58			00
	59. I wish to donate to the Idaho Guard and Reserve Family Support Fund.	59			00
	60. TOTAL TAX PLUS DONATIONS. Add lines 56 through 59.	60			00
PAYMENTS See page 17	61. Grocery credit. Nonresidents do not qualify. See instructions, page 17.	61			00
	62. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39NR.	62			00
	63. Special fuels tax refund _____ Gasoline tax refund _____ Attach Form 75.	63			00
	64. Idaho income tax withheld. Attach Form(s) W-2.	64			00
	65. 2005 Form 51 payment(s) and amount applied from 2004 return.	65			00
	66. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 61 through 65.	66			00
TAX DUE/REFUND See page 18	If line 60 is more than line 66, GO TO LINE 67. If line 60 is less than line 66, GO TO LINE 70.				
	67. TAX DUE. Subtract line 66 from line 60.	67			00
	68. Penalty _____ Interest from the due date _____ Enter total.	68			00
	Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. <input type="checkbox"/>				
	69. TOTAL DUE. Add lines 67 and 68.	69			00
	70. OVERPAID. Line 66 minus lines 60 and 68.	70		00	
	71. REFUND. Amount of line 70 to be refunded to you.	71		00	
	72. ESTIMATED TAX. Amount of line 70 to be applied to your 2006 estimated tax.	72			00
AMENDED RETURN page 18	AMENDED RETURN ONLY. Complete this section to determine your tax due or refund.				
	73. Total tax due (line 69) or overpayment (line 70) on this return.	73			00
	74. Refund from original return plus additional refunds.	74			00
	75. Tax paid with original return plus additional tax paid.	75			00
	76. Amended tax due or refund. Add lines 73 and 74 and subtract line 75.	76			00

2005

IDAHO SUPPLEMENTAL SCHEDULE

For Form 43, Nonresident and Part-Year Resident Returns Only

FORM **39NR**
TC39NR1
7-11-05_v4

For calendar year 2005, or fiscal year beginning _____, ending _____

Name(s) as shown on return

Social Security Number

A. Additions. See instructions, page 24.

1. Non-Idaho state and local bond interest and dividends
2. Idaho college savings account withdrawal
3. Bonus depreciation. Attach computations.
4. Other additions. Attach explanation.
5. Total additions. Add lines 1 through 4. Enter on line 31, Form 43.

Column A - Total

Column B - Idaho

1		00	▪	00
2		00	▪	00
3		00	▪	00
4		00	▪	00
5		00	▪	00

B. Subtractions. See instructions, page 24.

1. Idaho net operating loss carryover ☐ _____
Idaho net operating loss carryback ☐ _____. Enter total here.
2. State income tax refund included in line 30, Column A, Form 43
3. Interest from U.S. Government obligations
4. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2.
5. Social security and railroad benefits included in line 30, Column A, Form 43
6. Idaho capital gains deduction. Attach Form CG.
7. Idaho resident - Active duty military pay earned outside of Idaho
8. Idaho medical savings account - contributions and interest.
Financial institution _____ Account number _____
9. Idaho college savings program
10. Adoption expenses
11. Maintaining a home for the aged and/or developmentally disabled
12. Idaho lottery winnings, less than \$600 per prize
13. Income earned on a reservation by an American Indian
14. Worker's compensation insurance
15. Partner's and shareholder's pass-through subtractions
16. Insulation of Idaho residence
17. Technological equipment donation
18. Health insurance premiums
19. Long-term care insurance
20. Alternative energy device deduction.

1		00		00
2		00		
3		00	▪	00
4		00	▪	00
5		00		
6		00	▪	00
7			▪	00
8		00	▪	00
9		00	▪	00
10		00	▪	00
11		00	▪	00
12		00	▪	00
13			▪	00
14		00	▪	00
15		00	▪	00
16		00	▪	00
17		00	▪	00
18		00	▪	00
19		00	▪	00

	Year Acquired	Type of Device	Total Cost	Percent	
--	------------------	----------------	------------	---------	--

- | | | | | | |
|----|------|--|----|-------|---|
| a. | 2005 | | \$ | X 40% | = |
| b. | 2004 | | \$ | X 20% | = |
| c. | 2003 | | \$ | X 20% | = |
| d. | 2002 | | \$ | X 20% | = |

20a		00		00
20b		00		00
20c		00		00
20d		00		00

- e. Add lines 20a through 20d.
21. Add lines 1 through 19 and 20e.

20e		00	▪	00
21		00		00

22. Retirement benefits deduction.

- a. If single enter \$23,268, if married filing jointly enter \$34,902.
- b. Federal Railroad Retirement received
- c. Social Security benefits received
- d. Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero.
- e. Qualified retirement benefits included in federal gross income
- f. Column A benefits. Smaller of line 22d or line 22e.
- g. Qualified retirement benefits included in Idaho gross income
- h. Divide line 22g by line 22e.
- i. Column B benefits deduction. Multiply line 22f by line 22h.

22a		00		
22b		00		
22c		00		
22d		00		
22e		00		
22f		00		
22g			▪	00
22h				%
22i			▪	00

See instructions, page 28, for qualified retirement benefits to be included on lines 22e and 22g.

23. Nonresident military pay included in line 30, Column A, Form 43
24. Bonus depreciation. Attach computations.
25. Other subtractions. Attach explanation.
26. Total subtractions. Column A, add lines 21, 22f, 23, 24, and 25.
Column B, add lines 21, 22i, 24, and 25. Enter on line 33, Form 43.

22a		00		
22b		00		
22c		00		
22d		00		
22e		00		
22f		00		
22g			▪	00
22h				%
22i			▪	00
23		00		
24		00	▪	00
25		00	▪	00
26		00	▪	00

2005

IDAHO ELECTION TO CLAIM THE QUALIFIED INVESTMENT EXEMPTION FROM PROPERTY TAX IN LIEU OF INVESTMENT TAX CREDIT

FORM 49E
 TC49E05
 6-09-05_v2

Use This Form To Elect The Qualified Investment Exemption (QIE) From Property Tax For Property Placed In Service During Calendar Year 2005.

Name	Social Security Number or EIN
------	-------------------------------

If this corporation is included in a combined report, enter the name of the corporation the Idaho income tax return is filed under if different than above.

Name	EIN
------	-----

ELECTION — I elect to exempt the following property that was placed in service during calendar year 2005 from property tax for 2006 and 2007. I understand I forego my right to claim the investment tax credit on this property at any time. Once I make the election, I cannot revoke it. I will be subject to recapture of the property tax benefit if during the five-year recapture period the property no longer qualifies as a qualified investment as defined in Section 63-3029B, Idaho Code.

LOSS IN SECOND PRECEDING TAX YEAR —To qualify for the QIE, you must have had an Idaho income tax loss without regard to net operating loss carryovers or carrybacks in the second preceding tax year from the income tax year you placed the property in service. If you file income tax returns on a fiscal year basis, see the instructions to determine your qualifying loss years. County assessors are allowed to check with the State Tax Commission to verify you had a loss in the applicable year(s).

Provide the ending date of your tax year(s) that ended in calendar year 2005 _____

If you had a short period tax year during calendar year 2005 or during the previous two years, attach a statement identifying your tax year ending dates.

I elect to claim the QIE on the property listed as follows. The exemption for used property is limited. See instructions.

Asset Number	Asset Description (Include make, model and serial number)	County in Which Asset Located	Date Placed in Service	Qualifying Loss Year (Identify beginning and ending dates)	New or Used	Original Cost
				to		
				to		
				to		
				to		
				to		
				to		
				to		
				to		

(If additional space is required, complete page 2.)

Under penalties of perjury, I affirm that, to the best of my knowledge and belief, the property listed on Form 49E is qualified investment property as defined in Section 63-3029B, Idaho Code, and that I have not or will not claim the Idaho investment tax credit on the listed property.

Signature _____ Date _____

Print Contact Name _____ Contact Phone Number _____

To elect the QIE, you must attach this form to the operator's statement or personal property declaration(s) filed for 2006. You must also attach a copy to your original Idaho income tax return(s) for the tax year(s) in which the property was placed in service.

IDAHO NET OPERATING LOSS

Individuals, trusts and estates use page 1.

Corporations other than S corporations use page 2.

FORM
56
IA56041
6-07-04

Name(s) as shown on return

Social Security Number or EIN

PART I - LOSS COMPUTATION - Use this part to compute your net operating loss.

LOSS YEAR _____

1. Total Idaho adjusted income (loss) on the loss year return	1	
2. Idaho net operating loss carryover deducted on the return (enter as positive)	2	
3. Net capital loss deducted on the federal return (enter as positive)	3	
4. Idaho capital gains deduction (enter as positive)	4	
5. Casualty losses on Idaho property included in itemized deductions (enter as negative)	5	
6. Add lines 2 through 5.	6	
7. Idaho net operating loss. Add lines 1 and 6.	7	

Lines 4 and 5 apply to individuals only.

PART II - INCOME AVAILABLE FOR ABSORPTION - For years to which Idaho net operating losses are applied.

ABSORPTION YEAR _____

1. Total Idaho adjusted income (loss) on the absorption year return	1	
2. Idaho net operating loss carryover deducted on the return (enter as positive)	2	
3. Net capital loss deducted on the federal return (enter as positive)	3	
4. Idaho capital gains deduction (enter as positive)	4	
5. Casualty losses on Idaho property included in itemized deductions (enter as negative)	5	
6. Add lines 2 through 5.	6	
7. Income available for absorption. Add lines 1 and 6.	7	

Lines 4 and 5 apply to individuals only.

ABSORPTION YEAR _____

1. Total Idaho adjusted income (loss) on the absorption year return	1	
2. Idaho net operating loss carryover deducted on the return (enter as positive)	2	
3. Net capital loss deducted on the federal return (enter as positive)	3	
4. Idaho capital gains deduction (enter as positive)	4	
5. Casualty losses on Idaho property included in itemized deductions (enter as negative)	5	
6. Add lines 2 through 5.	6	
7. Income available for absorption. Add lines 1 and 6.	7	

Lines 4 and 5 apply to individuals only.

**SCHEDULE F
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Farming

▶ **Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.**

▶ **See Instructions for Schedule F (Form 1040).**

OMB No. 1545-0074

2005

Attachment
Sequence No. **14**

Name of proprietor

Social security number (SSN)

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

B Enter code from Part IV

C Accounting method: (1) ☐ Cash (2) ☐ Accrual

D Employer ID number (EIN), if any

E Did you "materially participate" in the operation of this business during 2005? If "No," see page F-2 for limit on passive losses. ☐ Yes ☐ No

Part I Farm Income—Cash Method. Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)
Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1			
2	Cost or other basis of livestock and other items reported on line 1	2			
3	Subtract line 2 from line 1	3			
4	Sales of livestock, produce, grains, and other products you raised	4			
5a	Cooperative distributions (Form(s) 1099-PATR)	5a			
5b	Taxable amount	5b			
6a	Agricultural program payments (see page F-2)	6a			
6b	Taxable amount	6b			
7	Commodity Credit Corporation (CCC) loans (see page F-3):				
a	CCC loans reported under election	7a			
b	CCC loans forfeited	7b			
7c	Taxable amount	7c			
8	Crop insurance proceeds and Federal crop disaster payments (see page F-3):				
a	Amount received in 2005	8a			
8b	Taxable amount	8b			
c	If election to defer to 2006 is attached, check here ▶ <input type="checkbox"/>	8d			
8d	Amount deferred from 2004	8d			
9	Custom hire (machine work) income	9			
10	Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3)	10			
11	Gross income. Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 ▶	11			

Part II Farm Expenses—Cash and Accrual Method.

Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.

12	Car and truck expenses (see page F-4—also attach Form 4562)	12			
13	Chemicals	13			
14	Conservation expenses (see page F-4)	14			
15	Custom hire (machine work)	15			
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4)	16			
17	Employee benefit programs other than on line 25	17			
18	Feed purchased	18			
19	Fertilizers and lime	19			
20	Freight and trucking	20			
21	Gasoline, fuel, and oil	21			
22	Insurance (other than health)	22			
23	Interest:				
a	Mortgage (paid to banks, etc.)	23a			
b	Other	23b			
24	Labor hired (less employment credits)	24			
25	Pension and profit-sharing plans	25			
26	Rent or lease (see page F-5):				
a	Vehicles, machinery, and equipment	26a			
b	Other (land, animals, etc.)	26b			
27	Repairs and maintenance	27			
28	Seeds and plants	28			
29	Storage and warehousing	29			
30	Supplies	30			
31	Taxes	31			
32	Utilities	32			
33	Veterinary, breeding, and medicine	33			
34	Other expenses (specify):				
a	.....	34a			
b	.....	34b			
c	.....	34c			
d	.....	34d			
e	.....	34e			
f	.....	34f			

35 Total expenses. Add lines 12 through 34f ▶ **35**

36 Net farm profit or (loss). Subtract line 35 from line 11.
• If a profit, enter on **Form 1040, line 18**, and also on **Schedule SE, line 1**.
• If a loss, you **must** go on to line 37. Estates, trusts, and partnerships, see page F-6.

37 If you have a loss, you **must** check the box that describes your investment in this activity (see page F-6).
• If you checked 37a, enter the loss on **Form 1040, line 18**, and also on **Schedule SE, line 1**.
• If you checked 37b, you **must** attach **Form 6198**. Your loss may be limited.

37a ☐ All investment is at risk.
37b ☐ Some investment is not at risk.